



10-17-05

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/751,934	
	Filing Date	December 29, 2000	
	First Named Inventor	Richter, James Neal	
	Art Unit	2161	
	Examiner Name	Susan Y Chen	
Total Number of Pages in This Submission	25	Attorney Docket Number	55564.080303

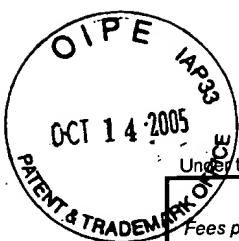
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Firm Name	BLACKWELL SANDERS PEPER MARTIN, LLP		
Signature			
Printed Name	WILLIAM B. KIRCHER		
Date	10/14/2005	Reg. No.	22,481

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

Complete if Known☒ Applicant claims small entity status. See 37 CFR 1.27Application Number **09/751,934**Filing Date **December 29, 2000**First Named Inventor **Richter, James Neal**Examiner Name **Susan Y Chen**Art Unit **2161****TOTAL AMOUNT OF PAYMENT (\$)** **290.00**Attorney Docket No. **55564.080303****METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: **11-0160** Deposit Account Name: **Blackwell Sanders Peper Martin**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**
- 20 or HP = _____ x _____ = _____
Fee (\$) Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
- 3 or HP = _____ x _____ = _____
HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)Other: **Two-Month Extension Fee** **225.00**Other: **Terminal Disclaimer Fee** **65.00****SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 22,481	Telephone 816-983-8000
Name (Print/Type)	William B. Kircher	Date 10/14/2005	

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